

<i>SERFF Tracking Number:</i>	<i>AMLX-125892471</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Alternative Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>BO AR0258401F01</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Businessowners Self Storage Program</i>		
<i>Project Name/Number:</i>	<i>MP 7004-0; MP 7005-0 and companion rates/rules/BO AR0258401F01</i>		

Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Businessowners Self Storage Program SERFF Tr Num: AMLX-125892471 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0002 Businessowners Co Tr Num: BO AR0258401F01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: SPI Disposition Date: 11/07/2008

AmericanAlternativeInsurance

Date Submitted: 11/07/2008 Disposition Status: Approved

Effective Date Requested (New): 12/15/2008 Effective Date (New): 12/15/2008

Effective Date Requested (Renewal): Effective Date (Renewal): 12/15/2008

State Filing Description:

General Information

Project Name: MP 7004-0; MP 7005-0 and companion rates/rules

Project Number: BO AR0258401F01

Reference Organization:

Reference Title:

Filing Status Changed: 11/07/2008

State Status Changed: 11/07/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

American Alternative Insurance Corporation (AAIC) hereby submits the enclosed filing for use with our Self-Storage Businessowners program that is currently on file with your department.

SERFF Tracking Number: AMLX-125892471 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: BO AR0258401F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Self Storage Program
Project Name/Number: MP 7004-0; MP 7005-0 and companion rates/rules/BO AR0258401F01

The purpose of this filing is to introduce two new endorsements as follows:

MP 7004-0 (09-08) - Mobile Self Storage Operators Extension Endorsement

This is a new, optional endorsement which provides property coverage for mobile self storage containers and extends Customer's Goods Legal Liability Coverage to cover customers' property while in a mobile container. The rating rules to be used in conjunction with this endorsement are exempt from filing requirements.

MP 7005-0 (09-08) - Sprinkler Leakage - Earthquake Extension

This is a new, optional endorsement which provides coverage for sprinkler leakage caused by an earthquake or volcanic eruption. The companion rule is exempt from filing requirements.

We propose that this filing apply to all policies effective on or after December 15, 2008.

Should you have any questions regarding this submission, please do not hesitate to contact me.

Sincerely,
Beth MacDougall, CPCU
Project Employee
bmacdougall@munichreamerica.com

Company and Contact

Filing Contact Information

Beth MacDougall, Project Employee bmacdougall@munichreamerica.com
555 College Road East (215) 702-9828 [Phone]
Princeton, NJ 08543-5241 (609) 951-8285[FAX]

Filing Company Information

American Alternative Insurance Corporation CoCode: 19720 State of Domicile: Delaware
555 College Road East Group Code: 361 Company Type:

SERFF Tracking Number: AMLX-125892471 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: BO AR0258401F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Self Storage Program
Project Name/Number: MP 7004-0; MP 7005-0 and companion rates/rules/BO AR0258401F01
Princeton,, NJ 08543-5241 Group Name: Munich Re Group State ID Number:
(800) 305-4954 ext. [Phone] FEIN Number: 52-2048110

SERFF Tracking Number: AMLX-125892471 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: BO AR0258401F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Self Storage Program
Project Name/Number: MP 7004-0; MP 7005-0 and companion rates/rules/BO AR0258401F01

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: E check no. 1700000761
Date 10-24-08
Amt \$50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Alternative Insurance Corporation	\$50.00	11/07/2008	23781244

SERFF Tracking Number: AMLX-125892471 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: BO AR0258401F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Self Storage Program
Project Name/Number: MP 7004-0; MP 7005-0 and companion rates/rules/BO AR0258401F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/07/2008	11/07/2008

SERFF Tracking Number:	AMLX-125892471	State:	Arkansas
Filing Company:	American Alternative Insurance Corporation	State Tracking Number:	EFT \$50
Company Tracking Number:	BO AR0258401F01		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0002 Businessowners
Product Name:	Businessowners Self Storage Program		
Project Name/Number:	MP 7004-0; MP 7005-0 and companion rates/rules/BO AR0258401F01		

Disposition

Disposition Date: 11/07/2008
Effective Date (New): 12/15/2008
Effective Date (Renewal): 12/15/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLX-125892471 State: Arkansas

Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50

Company Tracking Number: BO AR0258401F01

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: Businessowners Self Storage Program

Project Name/Number: MP 7004-0; MP 7005-0 and companion rates/rules/BO AR0258401F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Mobile Self Storage Operators Extension Endorsement	Approved	Yes
Form	Sprinkler Leakage - Earthquake Extension	Approved	Yes

SERFF Tracking Number: AMLX-125892471 State: Arkansas

Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50

Company Tracking Number: BO AR0258401F01

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: Businessowners Self Storage Program

Project Name/Number: MP 7004-0; MP 7005-0 and companion rates/rules/BO AR0258401F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Mobile Self Storage Operators Extension Endorsement	MP 7004-0	09-08	Endorsement/New Amendment/Conditions		0.00	MP 7004-0.PDF
Approved	Sprinkler Leakage - Earthquake Extension	MP 7005-0	09-08	Endorsement/New Amendment/Conditions		0.00	MP 7005-0.PDF

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MOBILE SELF STORAGE OPERATORS EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

SELF STORAGE OWNERS BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Mobile Self Storage Container Coverage	Limit Of Insurance
1. Property at each "rental site"	\$
2. Property in transit	\$
3. Property at a "temporary storage location"	\$
4. Property at all "rental sites" combined	\$
5. Earthquake Aggregate	\$
6. Flood Aggregate	\$
Additional \$ Premium:	

I. SECTION I – SPECIAL PROPERTY COVERAGE FORM is amended as follows:

- A. With respect to coverage provided by this endorsement, the provisions of the Self Storage Owners Businessowners Coverage Form apply, unless modified by this endorsement.
- B. Paragraph A.7.d. Personal Property Off Premises Coverage Extension is amended by adding the following:

This Extension does not apply to loss or damage to property covered under the Mobile Self Storage Container Coverage Extension.

- C. The following is added to A.7. Coverage Extensions:

Mobile Self Storage Container Coverage

You may extend the insurance that applies to Business Personal Property to apply to loss of or damage to the following property:

- (1) Mobile self storage containers, owned by you, leased to you, or in your care, custody or control, and which are rented or leased to others by you or at your direction under a written rental or lease agreement.

- (2) Accessories, spare parts and covers used in connection with mobile self storage containers.

This property is only covered under this Extension while:

- (a) At any "rental site";
- (b) Awaiting and during installation, or awaiting acceptance by the lessee;
- (c) In transit by us; or
- (d) At a "temporary storage location".

Coverage provided under this Extension will end when one of the following first occurs:

- i. This policy expires or is cancelled;
- ii. The property covered under this Extension is returned to the described premises or any other location owned, rented or occupied by you;
- iii. Your interest in the property covered under this Extension ceases;
- iv. 90 days after the lease or rental term has expired and you have not reclaimed or repossessed the property, or started legal proceedings to do so; or
- v. You abandon the property with no intention to locate or recover it.

D. With respect to this Extension, the following additional coverage applies:

- (1) We will pay for loss or damage caused by or resulting from earthquake or volcanic eruption to property covered under this Extension subject to F. Limits of Insurance.
- (2) We will pay for loss or damage to property covered under this Extension caused by or resulting from flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not, subject to F. Limits of Insurance.

E. With respect to this Extension, the following changes are made to B.Exclusions:

- (1) The following is added to Exclusion 1.a. Earth Movement:

Paragraphs a.(1) and (2) of this exclusion do not apply to the extent that coverage is provided under the Mobile Self Storage Container Coverage Extension.

- (2) The following is added to Exclusion 1.e. Water:

Paragraph e.(1) of this exclusion does not apply to the extent that coverage is provided under the Mobile Self Storage Container Coverage Extension.

- (3) The following additional exclusions apply:

We will not pay for loss or damage caused by or resulting from any of the following:

- (a) The cost to make good or replace faulty or defective materials or workmanship.
- (b) The weight of a load when it exceeds the designed capacity of any property covered under this Extension to lift, move or support the load from any position.
- (c) Movement, transfer or shifting of any contents within any property covered under this Extension.
- (d) Theft of any property covered under this Extension from any unattended vehicle unless, at the time of theft, the vehicle's windows, doors and compartments were closed and locked, and there are visible signs that the theft was a result of forced entry. But this exclusion does not apply to property in the custody of a carrier for hire.

F. Limits Of Insurance

- (1) The most we will pay in any one occurrence for loss or damage to property covered under this Extension at a "rental site" is the Limit of Insurance for Property at each "rental site" shown in the Schedule.
- (2) The most we will pay in any one occurrence for loss or damage to property covered under this Extension during the course of transit is the Limit of Insurance for Property in transit shown in the Schedule.
- (3) The most we will pay in any one occurrence for loss or damage to property covered under this Extension at a "temporary storage location" is the Limit of Insurance for Property at a "temporary storage location" shown in the Schedule.
- (4) The most we will pay in any one occurrence for loss or damage to property covered under this extension at all "rental sites" combined is the Limit of Insurance shown in the Schedule for Property at all "rental sites" combined.
- (5)
 - (a) The most we will pay for loss or damage caused by or resulting from earthquake or volcanic eruption to property covered under this extension in any one year commencing with policy inception is the Limit of Insurance shown in the Schedule for Earthquake Aggregate;
 - (b) The most we will pay for loss or damage caused by or resulting from flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not, to property covered under this extension in any one year commencing with policy inception is the Limit of Insurance shown in the Schedule for Flood Aggregate.

These limits are part of and not in addition to the applicable Limits of Insurance shown in the Schedule.

- G. For the coverage provided by this endorsement, the following definitions are added:
1. "Rental site" means a location not owned, leased or operated by you where your mobile self storage container is located after acceptance by the lessee. "Rental sites" do not include "temporary storage locations".
 2. "Temporary storage location" means a location where property covered under this Extension that is to be rented or leased is stored for no more than 30 days while waiting to be delivered to a "rental site".
- H. For the coverage provided by this endorsement, the following definitions in **G.8. PROPERTY DEFINITIONS** are amended:
- (1) "Specified Causes of Loss" in Paragraph G.8. is amended to include theft.
 - (2) "Rental Value" in Paragraph G.6. is amended to add:
 - d. Total anticipated rental income from lessee use or occupancy of the mobile storage containers described by this endorsement, as furnished and equipped by you including the amount of all charges which are the legal obligation of lessee(s) and which would otherwise be your obligation.

II. SECTION II – LIABILITY COVERAGE FORM

- A. With respect to coverage provided by this endorsement, the provisions of the Self Storage Owners Businessowners Coverage Form apply, unless modified by this endorsement.
- B. With respect to the coverage provided under this endorsement, **4. Customer's Goods Legal Liability Coverage**, paragraph **b. (2)** is amended to read:
- (2) The "property damage" is caused by an "occurrence" to "customer's" property:
 - (a) While at the "insured premises",
 - (b) While inside your mobile storage container while you load it upon or unload it from any "auto" you own, rent or lease; or
 - (c) While inside your mobile storage container when it is transported by any "auto" you own, rent or lease.
- C. With respect to coverage provided under this endorsement, under **F. Definitions**:
1. The definition of "customer" is amended to read:
 6. "Customer" means a tenant or any person or organization leasing, renting or otherwise occupying self storage space(s) at the "insured premises", or mobile storage containers at a site away from the "insured premises".
 2. The definition of "Sale and Disposal Operations" is amended to read:
 22. "Sale and Disposal Operations" mean activities and procedures which you conduct in your self service storage business to:
 - a. Reclaim rented space in self storage units at the "insured premises" for which rental or other charges are delinquent and unpaid;

- b.** Reclaim, including repossession, rented mobile storage containers at or from a “rental site” for which rental or other charges are delinquent and unpaid.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPRINKLER LEAKAGE - EARTHQUAKE EXTENSION

This endorsement modifies insurance provided under the following:

SELF-STORAGE OWNERS BUSINESSOWNERS COVERAGE FORM

The following is added to Paragraph **A.4. Covered Causes of Loss** in **Section I - Special Property Coverage Form**:

Sprinkler Leakage resulting from:

1. Earthquake; or
2. Volcanic Eruption, meaning the eruption, explosion or effusion of a volcano.

All Earthquake shocks or Volcanic Eruptions that occur within any 168-hour period will constitute a single Earthquake or Volcanic Eruption. The expiration of this policy will not reduce the 168-hour period.

<i>SERFF Tracking Number:</i>	<i>AMLX-125892471</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Alternative Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>BO AR0258401F01</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Businessowners Self Storage Program</i>		
<i>Project Name/Number:</i>	<i>MP 7004-0; MP 7005-0 and companion rates/rules/BO AR0258401F01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLX-125892471 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: BO AR0258401F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Self Storage Program
Project Name/Number: MP 7004-0; MP 7005-0 and companion rates/rules/BO AR0258401F01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 11/07/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

AR - NAIC FORM FILING SCHEDULE.PDF


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name					Group NAIC #
Munich Re Group					0361
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
American Alternative Insurance Corporation	DE	19720	52-2048110		

5. Company Tracking Number	BO AR0258401F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Beth MacDougall, CPCU 555 College Road East Princeton NJ 08543-5241	Project Employee	800-305-4954	609-951-8285	bmacdougall@munichre-america.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Beth MacDougall, CPCU			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.0 Commercial Multi-Peril - Liability & Non-Liability			
10. Sub-Type of Insurance (Sub-TOI)	05.0002 Businessowners			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	-			
12. Company Program Title (Marketing Title)	Businessowners Self Storage			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	12-15-08	Renewal:	12-15-08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	NA			
17. Reference Organization # & Title	NA			
18. Company's Date of Filing	11-7-08			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	BO AR0258401F01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

American Alternative Insurance Corporation (AAIC) hereby submits the enclosed filing for use with our Self-Storage Businessowners program that is currently on file with your department.

The purpose of this filing is to introduce two new endorsements as follows:

MP 7004-0 (09-08) - Mobile Self Storage Operators Extension Endorsement

This is a new, optional endorsement which provides property coverage for mobile self storage containers and extends Customer's Goods Legal Liability Coverage to cover customers' property while in a mobile container. The rating rules to be used in conjunction with this endorsement are exempt from filing requirements.

MP 7005-0 (09-08) - Sprinkler Leakage - Earthquake Extension

This is a new, optional endorsement which provides coverage for sprinkler leakage caused by an earthquake or volcanic eruption. The companion rule is exempt from filing requirements.

We propose that this filing apply to all policies effective on or after December 15, 2008.

Should you have any questions regarding this submission, please do not hesitate to contact me.

Sincerely,
 Beth MacDougall, CPCU
 Project Employee
 bmacdougall@munichreamerica.com

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: 1700000761 Amount: \$50 </div> <div style="text-align: center; margin-top: 50px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	BO AR0258401F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Mobile Self Storage Operators Extension Endorsement	MP 7004-0 09-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Sprinkler Leakage - Earthquake Extension	MP 7005-0 09-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		